While much of the current focus in special education remains on reauthorization of the Individuals with Disabilities Act of 1997, disparities in the identification of children with serious emotional disorders continue to plague special educators and school psychologists. Several years after the issue of social maladjustment and its relationship to serious emotional disturbance was discussed and debated, little appears to have changed. Children, adolescents, and families are subjected to widely varying philosophies, assessment procedures, and services based on questionable criteria used to determine whether a student “qualifies” for services under the Serious Emotional Disturbance (SED) designation. In this paper, we address how this issue has significantly affected access to services for students with serious emotional disturbances. Faulty assumptions regarding the relationship of social maladjustment to emotional disturbance in children/adolescents are identified and the implications of these assumptions for children are described. The lack of research supporting specific tools developed to assess social maladjustment in the context of a serious emotional disorder and the impact of this current practice on children is addressed from a practical and ethical standpoint. The role of the school psychologist as gatekeeper is contrasted to that of the more positive role as facilitator. © 2004 Wiley Periodicals, Inc.

Much of the current focus on reauthorization of the Individuals with Disabilities Education Act of 1997 (IDEA; 1997) has centered on issues associated with assessment, learning disabilities, and discipline practices for students with disabilities. Seemingly overlooked in the current discussion are important concerns associated with identification and education of students with serious emotional disturbance (SED) and behavior disorders (BD). School psychologists and special educators who work with at-risk students continue to find themselves in the often untenable position of determining whether a student meets criteria for special education services on the basis of what has been described by many as vague, poorly defined, and professionally indefensible criteria (Skiba, Grizzle, & Minke, 1994). Specifically, problems associated with the use of social maladjustment (SMA) as an exclusionary concept have continued to plague those charged with responsibility for assessment, eligibility determination, and provision of services to students with emotional and behavioral difficulties across the nation. Indeed, the situation has been described by some as “the special education trap” (Murray & Myers, 1998), where a whole class of students with conduct and behavior problems may potentially be denied services based on an interpretation of a definition used in their particular jurisdiction, state, or school district. The present situation offers an excellent opportunity to revisit the assumptions, assessment practices, and outcomes of over 30 years of practice based on guidelines offered by federal regulations and to offer suggestions for future consideration.

History, Implications, and Assumptions of the Federal Definition of Serious Emotional Disturbance and Behavior Disorder

The current federal definition of SED focuses on five specific criteria evaluated across three qualifying indicators (frequency, intensity, and duration) as well as the establishment of adverse
educational impact and a need for special education services. The five criteria include (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; and (e) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. Section 2 of the definition, which excludes children who are socially maladjusted (unless they are also emotionally disturbed) from the definition of emotional disturbance has been coined the exclusionary clause. The intent and operational aspects of this specific phrasing has been a continuing topic of much debate (Kelly, 1988; Skiba & Grizzle, 1991; Slenkovich, 1992a, 1992b).

The federal definition of SED was initially based on work by Eli Bower (Bower, 1981; Bower, 1982) who was charged by the state of California with the task of describing the essential characteristics of emotional disturbance. While the social maladjustment exclusion has historically been justified citing language first proposed by Bower in 1982, he later asserted that the term’s inclusion in the federal definition was inconsistent with his original work, which ironically defined the emotionally disturbed child as “socially maladjusted in school” (p. 58). By several credible accounts, the social maladjustment exclusion was added to the language of the original version of IDEA (PL 94–142) due to poor legislative oversight and concerns over “opening the floodgates” to provide special education services to juvenile delinquents under court supervision (Skiba & Grizzle, 1991). In their excellent review of the historical context and legal precedent around this issue, Skiba and Grizzle state that it was never the intent of Congress to unilaterally deny educational services to students with emotional and behavioral problems. However, the social maladjustment exclusion has endured through several revisions of the enabling legislation.

School districts and school psychologists have tried to understand the distinctions Congress was attempting to make between social maladjustment and serious emotional disturbance, and a wide array of advocacy groups, professional organizations, and legal experts have provided a variety of considered opinions. Some have equated social maladjustment with disruptive disorders (e.g., conduct disorder, oppositional defiant disorder, and attention deficit/hyperactivity disorder) and advised educators to exclude these students from special education services (Kelly, 1988; Slenkovich, 1983, 1992a, 1992b). Other groups, including the American Psychological Association (APA) and Council for Children with Behavioral Disorders (CCBD) have indicated that children identified with conduct disorders, oppositional defiant disorders, and attention-deficit/hyperactivity disorder should be among the groups offered protection and assistance under special education legislation (APA, 1989; CCBD, 1990). The National Association of School Psychologists (NASP) broadened its interpretation of the SED definition by stating “Emotional and behavioral disorders can co-exist with other handicapping conditions” including “asustained disturbances of conduct, attention or adjustment” (NASP, 1999). Empirical support for a broader definition has also come from several studies that suggested considerable overlap (i.e., comorbidity) between social maladjustment, SED, and other psychiatric disorders. For example, the National Longitudinal Transitional Study on Special Education Students (Wagner et al., 1991) found that of students classified with emotional disturbance, 70% displayed patterns historically associated with social maladjustment (e.g., externalizing behavioral patterns and disruptive disorders).

More recently, language contained in the 1997 amendments to IDEA was revised to explicitly mandate that schools make strong efforts to prevent and intervene early for problem behaviors. While this emphasis on proactive management of behaviors using functional behavior assessment and positive behavioral intervention plans was welcomed in the professional community, the
legislation failed to provide clarification of the social maladjustment exclusion, except to continue to indicate that SMA students do not qualify for special education services.

In the remainder of this article, how the social maladjustment issue has significantly affected access to services for students with serious emotional disturbances will be addressed. Several faulty assumptions will be described regarding the relationship of social maladjustment to emotional disturbance in children/adolescents and the educational implications of these assumptions. The lack of research supporting specific tools developed to assess social maladjustment/emotional disorder and the impact of current practice on children will be addressed from a practical and ethical standpoint. The implications for school psychologists functioning as gatekeepers will be contrasted with that of a more proactive, alternative role as facilitator.

THE ASSUMPTIONS: REALITY OR FANTASY?

We maintain that several basic assumptions regarding social maladjustment have been used to justify the exclusion of the socially maladjusted child from the emotional disturbance classification. They include:

1. Social maladjustment is equivalent to the psychiatric diagnoses of Conduct Disorder and Oppositional Defiant Disorder.
2. The socially maladjusted child makes a conscious decision to behave negatively, whereas the child with serious emotional disturbance acts without forethought.
3. The socially maladjusted child understands the consequences or impact of his/her behavior, while the child with serious emotional disturbance fails to appreciate the consequences of their behavior.
4. The socially maladjusted child has the ability to control his/her behavior, while the child with serious emotional disturbance lacks the ability to regulate or inhibit behavior.
5. The socially maladjusted child exhibits no guilt or remorse for his/her negative behavior.
6. The socially maladjusted child exhibits externalizing behaviors while the seriously emotionally disturbed child exhibits internalizing behaviors.
7. The socially maladjusted child is nondisabled while the seriously emotionally disturbed child is disabled.

It is our contention that each of these underlying assumptions are erroneous and, in fact, are not supported by current research in the field.

The first assumption suggests that social maladjustment is equivalent to the externalizing, DSM-IV psychiatric diagnoses of Conduct Disorder and Oppositional Defiant Disorder (American Psychiatric Association, 2001). The term externalizing refers to students whose behavior disruptively affects peers and adults external to them. Internalizers are students whose problem behaviors are expressed inwardly as depression, fears, anxiety, and other similar symptoms (Achenbach & Edelbrock, 1978). This controversial assumption, namely equating social maladjustment to the externalizing, disruptive psychiatric diagnoses, has been made by several writers and consultants (Cheney & Sampson, 1990; Reinforcement Unlimited, 2003; Slenkovich, 1983; 1992a). Assuming equivalence between these psychiatric disorders and social maladjustment, and using these presumed similarities as the basis for exclusion from special education is problematic for two important reasons.

First, research indicates the majority (60–80%) of the students currently being served with special education services under the IDEA disability category of SED have been given externalizing psychiatric diagnoses (Forness, Kavale, & Lopez, 1993; Skiba & Grizzle, 1992). A review of the federal definition of SED finds that two (out of five) specific criteria to qualify students for SED services; namely (1) an inability to build or maintain satisfactory relationships, and (2) inappropriate behaviors or feelings under normal circumstances are also used to describe specific behaviors associated with the diagnoses of conduct disorder and oppositional defiant disorder. The ironic consequence of equating externalizing diagnoses with social maladjustment is
that services would necessarily be denied for many students currently and legitimately receiving special education services under the SED category. Second, professionals using a psychiatric diagnosis of Conduct Disorder or Oppositional Defiant Disorder to justify excluding a student from special education services must still demonstrate that the student does not have a comorbid disorder that might qualify that same student for those same special education services. However, externalizing students diagnosed with conduct or oppositional defiant disorders commonly have high comorbidity rates with other qualifying disabilities (McConaughy & Skiba, 1993).

A second assumption associated with the social maladjustment construct is the notion that these students make conscious decisions to behave inappropriately. In essence the student, when given the choice to behave appropriately and follow societal norms, chooses instead to behave inappropriately, break social rules, etc. This free choice assumption is problematic because it implies a common etiology for behavior in students labeled socially maladjusted. Current research shows that the problems associated with externalizing, antisocial behavior result from a complex interplay of predisposing, biological, family, community, and cultural factors (Lahey, Waldman, & McBurnett, 1999; Shaw, Bell, Gillion, 2000; White, Moffit, Earls, Robins, & Silva, 1990). For example, early genetically determined temperament characteristics in infancy have been traced to later behavior and conduct problems (Chess & Thomas, 1984; White et al., 1990). Mason and Frick (1994) also found strong evidence indicating approximately 50% of the variance for antisocial behavior can be attributed to heredity. Far too many complex variables contribute to the origins of behavior and conduct problems associated with externalizing behaviors and go beyond simple choice.

Third, it has been suggested that socially maladjusted students understand the consequences of their behavior and can control that behavior in any given situation. Interestingly, these assumptions closely mirror the standards for mental competency and the legal insanity defense, otherwise known as the McNaughten rule (Moran, 1981). This principle of law, developed in 1843 for English courts, stipulates that, at the time a person committed a specific criminal act (behavior), they were unable to understand the quality of the act being initiated; or, if it was known, the person did not appreciate the wrongfulness of their act. Similarly, from the American Law Institute, a mentally incompetent person “lacks substantial capacity to appreciate the criminality of their conduct (cognitive arm) or to conform their conduct to the requirements of law (volitional arm)” (BehaveNet-Clinical Capsule, 2004). The insanity defense is a notoriously difficult standard to prove in a court of law and is seldom used except in the most clear-cut cases of mental incompetence. However, every day under the present regulations, students are unrealistically required to pass the basic components of the insanity defense test to escape the exclusionary label of social maladjustment. A court of law is not an appropriate metaphor for a classroom and educators should not be expected or encouraged to prove mental incompetence when deciding who should or should not be served in special education (Nelson, 1992).

A fourth assumption suggests that socially maladjusted students have a lack of guilt or remorse for their problematic behaviors. Genuine feelings of guilt or lack of remorse are difficult emotional states to empirically demonstrate. There are no direct tests for guilt and remorse and their presence or absence is generally inferred by verbal behavior of the student. A student may simply lie about their feelings and psychologists have no available or proven tests to establish the veracity of such claims. Demonstrations of obvious lack of guilt and remorse may also be situation-specific and under the influence of such variables as peer attention. It is also reasonable to question why lack of guilt and remorse are only associated with socially maladjusted students. They are not used as a standard of a genuine disability for other handicapping conditions and no one asks if an autistic or intellectually disabled student feels guilt or remorse about their problematic behaviors.
The fifth assumption suggests that students suspected of being socially maladjusted are non-disabled. This assumption depends, in part, on how a true disability is defined. A disability can be defined in terms of problems with current adaptive behaviors, the existence of comorbid conditions, and poor long-term outcomes. Clearly, students labeled as socially maladjusted have current adaptive behavior problems. Students with externalizing behavior disorders experience higher abuse rates from parents, more academic failure (especially in reading), higher substance abuse rates, more difficulty adjusting socially, and their families experience higher degrees of stress (Kazdin, 1996; Mash & Wolfe, 2002; Reid, Patterson, & Synder, 2002). The comorbidity of overlapping conditions such as depression, anxiety, learning problems, and attention deficit disorder is well established for externalizing students assumed to be socially maladjusted (Mash & Wolfe, 2002; McConaughy & Skiba, 1993; Reid et al., 2002). Long-term outcomes for students exhibiting significant conduct problems are poor. These students have substantially higher rates of adult psychiatric disorders, arrest, unemployment, substance abuse, suicide, and early pregnancy (Farrington, 1991; Hechtman, 1996; Offord & Bennett, 1996; Robins, 1966). The problems of the long-term outcomes are compounded by early onset of the problem behaviors, comorbid conditions, and delay in effective treatment and services. One must ask why a reasonable person would not conclude that students with externalizing behavior problems meet the standard for a genuine disability.

We vigorously maintain that the basic assumptions underlying the construct of social maladjustment are flawed, particularly in light of the current research evidence. From a professional and ethical standpoint, there must be recognition of the significant and harmful implications for students when practitioners attempt to use a flawed definition of SED containing the social maladjustment exclusionary clause to determine special education eligibility.

**Implications of Social Maladjustment Exclusion**

If the concept of social maladjustment is applied to exclude children from services, there are serious long-term implications that must be addressed. These include variability in identification rates across states, delay in services, and greater risk for discipline/suspension, failure, and dropping out of school.

**Variability in Identification Rates Across States**

IDEA identification rates of children with emotional disturbance remain far below the estimates of the prevalence of severe childhood mental disorders. A recent report by the Bazelon Law Center indicates as many as 80% of children with mental and emotional disorders are not currently being identified and served under IDEA (Judge David Bazelon Center for Mental Health Law, 2003). While the U.S. Surgeon General estimates 5% of all school-age children have mental disorders with “extreme functional impairment” and 11% have mental disorders with “significant functional impairment” (U.S. Department of Health and Human Services, 1999), current IDEA data indicate that the number of students identified nationally with Serious Emotional Disturbance is 0.94% (U.S. Department of Education, 2001). This discrepancy strongly suggests that many impaired children are not receiving needed services.

Additionally, a great deal of variability exists in state-to-state comparisons of the number of children identified as having educational needs under the Serious Emotional Disturbance category. For example, identification rates range from a low of 0.1% in Arkansas to a high of 1.92% in Minnesota and Vermont. Some states identify almost no children as having mental or emotional disorders. In the state of Mississippi, only 575 children were classified as Seriously Emotionally Disturbed while 27,489 children were estimated to have mental disorders with severe functional impairment (Judge David Bazelon Center for Mental Health Law, 2003). This variability in
identification rates is very problematic for students and their families. They may receive services under the classification of SED in one state, and after moving to another state, find they no longer qualify for services. This inconsistency in services disrupts the continuity of a student’s free and appropriate public education and is likely to have a detrimental impact on their educational and emotional adjustment.

Although many states continue to use the federal definition without change, the social maladjustment exclusion has been dropped from the Serious Emotional Disturbance definition in 10 states. Of the 10 states having the highest SED identification rates, 5 eliminated the social maladjustment exclusion from the emotional disturbance criteria while only 2 of the 10 states with the lowest identification rates dropped social maladjustment from the definition. A review of the 1999 IDEA data found that the 10 states with the highest rates of identification averaged 1.55% of school-age children being identified as emotionally disturbed, while the 10 states with the lowest identification rates averaged 0.37% (Judge David Bazelon Center for Mental Health Law, 2003). The elimination of the social maladjustment clause can be linked to higher identification rates, but even states with the highest rates of identification (1.92%) are considerably lower than estimates of prevalence of severe childhood emotional disorders.

**Delay in Services**

A second serious implication of exclusion from services based on a SMA determination is the impact on long-term outcome. It is well documented that early intervention and prevention programs are essential to positive long-term outcome. Even when a child who is initially denied services eventually meets criteria for an SED classification, the delay may lessen the effectiveness of services. Some argue that indicators of emotional and behavioral disorders are often present but unrecognized in younger children and that early intervention has the potential to reduce the severity of disability among students with SED later in their school careers (Bower, 1981). Longitudinal research indicates that antisocial patterns start at a young age and without intervention, continue to escalate for many children (Campbell, 1994; Walker, Colvin, & Ramsey, 1995). Kazdin (1987) argued that if children manifesting severe antisocial behavior patterns do not receive intervention by the end of third grade (age 8), this disorder should be regarded much like a chronic disease (i.e., diabetes) with no cure but whose effects can only be managed and attenuated. Early, effective intervention is essential for success with conduct disorders and antisocial behavior (Cichetti & Nucome, 1993; Greenwood, 1995; Reid, 1993). Walker et al. (2001) advises educators to target this student subpopulation (children with life-course persistent antisocial behavior) early in their school careers to avert a more destructive, antisocial path during their lives. The availability of promising noncategorical prevention interventions such as First Step to Success (Osher & Hanley, 2001), Fast Track (Conduct Problems Prevention Research Group, 1999), and other programs can promote reduced levels of antisocial behavior in childhood and adolescence, and lower frequencies of adult criminality and a wide array of psychosocial disturbances (Offord and Bennett, 1996).

**Greater Risk for Discipline/Suspension, Failure, and Dropout**

A third serious implication of excluding these children from services concerns their high risk for other disciplinary actions such as suspension, expulsion, or other outcomes. Children who are not classified for special education services do not receive the protections of IDEA. Although a special education student cannot be suspended without IEP services for more than 10 days, there are no limits on the use of this harmful disciplinary practice with ineligible students. In a survey of school administrators in one county, behaviors that routinely resulted in out-of-school suspensions included verbal or physical assaults or threats, possession of weapons, and defiant or disruptive
behavior (Hillsborough Constituency for Children, 1999). These behaviors are among the very behaviors frequently exhibited by SED children and youth, which place them at greater risk for suspension.

Suspension has been associated with several undesirable outcomes such as increased grade retention, subsequent suspension, expulsion, and dropping out (Diem, 1988). Additionally, the lost instructional time and reduced opportunities to learn resulting from suspension places students who are suspended at increased risk for academic failure, among the strongest predictors for students dropping out of school (Morgan-D’Atrio, Northrup, LaFleur, & Spera, 1996). Another drawback of suspension is that increased rates of juvenile crime have been associated with the amount of time students spend out of school while suspended (Sulzer-Azaroff & Mayer, 1986).

For many students suspension functions as a reinforcer rather than a punisher, and is often a strong predictor of further suspension. For at-risk students in particular, the most consistently documented outcome of suspension appears to be further suspension and dropping out of school (Skiba & Nesting, 2001). In fact, school disciplinary contact appears to be among the strongest predictors of school dropout rates (Eckstrom, Goertz, Pollack, & Rock, 1986; Wehlage & Rutter, 1986). Research has suggested that the strength of the school social bond is an important predictor in explaining delinquency (Jenkins, 1997). The wisdom of school disciplinary strategies that appear expressly intended to break that bond with troublesome students may be questioned (Skiba & Nesting, 2001). Suspensions do not significantly reduce serious or recurrent behavior problems for many students and may, in fact, exacerbate behavior problems for some (Uchitelle, Bartz, & Hillman, 1989).

**Current Practices in Assessment of Serious Emotional Disturbance**

Evaluation of serious emotional disturbance to determine eligibility for special education services is the responsibility of the Individualized Education Program (IEP) team, including the local educational agency (LEA) and frequently a school psychologist. The IEP team and LEA adhere to local school district guidelines, which follow state regulations that comply with federal IDEA regulations. Discrepancies in the application and interpretation of the SED criteria by states/districts/IEP teams may also reflect the lack of validated tests or methods for distinguishing social maladjustment from serious emotional disturbance (CCBD, 1990; Nelson, Rutherford, Center, & Walker, 1991). Briefly stated, validity in educational testing is defined as “the degree to which evidence and theory support the interpretations of test scores entailed by proposed uses of the test” (American Educational Research Association [AERA], American Psychological Association [APA], & National Council on Measurement in Education [NCME], 1999; p. 9). The process of validating an instrument “involves accumulating evidence to provide a sound scientific basis for the proposed score interpretations” (AERA, APA, & NCME, 1999; p. 9).

Behavior checklists are often utilized in the process of identification and qualification for educational services and IEP teams often use behavior checklists in concert with decision “protocols” to assist in eligibility determination. We completed a systematic review of item content and decision rules found in several selected commercially or professionally available tests and decision protocols. The result of our review raises serious concerns about their use in distinguishing social maladjustment from emotional disturbance and suggests that these measures fail to meet basic IDEA requirements (i.e., standardized tests must be validated for the specific purpose for which they are being used).

**Standardized Checklists**

Two commonly used instruments in the evaluation of emotional and behavioral disorders are the Child Behavior Checklist (CBCL) (Achenbach, 2003) and the Behavior Assessment System
for Children (BASC) (Reynolds & Kamphaus, 1992). Several investigations of behavioral constructs assessed by the CBCL have found two broadband categories of behavior: internalizing and externalizing (Achenbach & Edelbrock, 1978). Support for the existence of these two bands of behavior, however, does not preclude their co-occurrence in a student. For example, Spitzer, Davies, and Barkley (1990) analyzed 550 cases of children with behavioral problems. In addition to a high rate of comorbidity among the disruptive disorders (45–96%), Spitzer et al. (1990) found co-occurrence between clinical diagnosis for disruptive and nondisruptive disorders in 11% to 12% of the cases. McConaughy and Skiba (1993) also report high rates of comorbidity between externalizing and internalizing problems (50%) in school-age children identified as serious emotionally disturbed. Cullinan and Epstein (2001) found statistically significant rates of comorbidity in students with emotional disturbance (overall rate of 71.2% to 29.3%) in the following areas: (a) inability to learn, (b) relationship problems, (c) inappropriate behaviors, (d) unhappiness or depression, (e) physical symptoms or fears. Consequently, the assumption that socially maladjusted students display externalizing-type behaviors (while “true” SED students display internalizing symptoms) cannot be made.

While checklists such as the CBCL and BASC do not contain a social maladjustment scale, at least two normed instruments do. These are the Differential Test of Conduct and Emotional Problems (DT/CEP; Kelly, 1990) and the Scale for Assessing Emotional Disturbance (SAED; Epstein & Cullinan, 1998).

The DT/CEP is a rating scale specifically developed to differentiate between children who exhibit “conduct problems” (i.e., who are socially maladjusted) from those who are emotionally disturbed. This 63-item scale assumes that conduct problems and emotional disturbances are symptomatic of mutually exclusive conditions. According to Kelly (1990) one of the key indicators for distinguishing “conduct problems” from other behaviors is intent. Simply stated, students who exhibit conduct problems consciously choose to break societal rules for personal gain; these students do not have a true disability (Kelly, 1990). Conversely, students who are emotionally disturbed do not exhibit conduct problems and are incapable of willful misconduct due to their legitimate disability.

The DT/CEP consists of items measuring the presence or absence of specific, observable behaviors rated by someone other than the child. In Table 1, an item-by-item match of the DT/CEP with the CBCL and BASC completed by the authors demonstrates that the DT/CEP scales largely replicate the internalizing and externalizing behavioral dimensions validated by Achenbach (2003). Examples of matched items include “Cries a lot” with “Weeps or cries with minimal provocation” and “Has friends who are in trouble” with “Has bad companions.”

### Table 1

**Percentage of Overlap for Subscale Items Matched From the CBCL and BASC Matched for Content With the SAED and DT/CEP**

<table>
<thead>
<tr>
<th>Subscale</th>
<th>CBCL Externalizing</th>
<th>CBCL Internalizing</th>
<th>BASC Externalizing</th>
<th>BASC Internalizing</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT/CEP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct problems</td>
<td>75.0%</td>
<td>—</td>
<td>68.9%</td>
<td>—</td>
</tr>
<tr>
<td>Emotional disturbance</td>
<td>—</td>
<td>88.9%</td>
<td>—</td>
<td>77.8%</td>
</tr>
<tr>
<td>SAED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMA</td>
<td>66.0%</td>
<td>—</td>
<td>50.0%</td>
<td>—</td>
</tr>
</tbody>
</table>

Olympia et al.
The ability of the DT/CEP to discriminate SED from SMA groups was empirically tested in a study of 135 students, aged 12-to-15 years (Costenbader & Buntaine, 1999). The SED group included 85 students receiving full-time special education services under the emotionally disturbed classification, and the SMA group consisted of 50 students who received internal or external suspension over the year during which the study was conducted. The DT/CEP ratings completed by classroom teachers failed to identify 79% of the students in the SED group, and 14% of the students in the SMA group were identified as having emotional disturbance. Sixty-five percent of the SED group and 61% of the SMA group were identified as having conduct problems on the DT/CEP. The DT/CEP failed to discriminate between students with social maladjustment and those with emotional disturbance and failed to demonstrate separate, distinguishable behavioral syndromes. Consequently, there is no evidence that the DT/CEP and the Conduct Problems subscale provide a valid measure of social maladjustment. Thus, the exclusion from special education of a student who demonstrates a clear pattern of externalizing behavioral disturbances with a high Conduct Problems rating cannot be supported.

The Scale for Assessing Emotional Disturbance (SAED) (Epstein & Cullinan, 1998) also claims to discriminate socially maladjusted behavior from emotional disturbance. The SAED is comprised of 52 student behavior statements that are factored into six subscales: (a) inability to learn, (b) relationship problems, (c) inappropriate behavior, (d) unhappiness or depression, (e) physical symptoms or fears, and (f) social maladjustment. Both internalizing and externalizing behaviors are included in the subscale sections (i.e., inappropriate behavior = externalizing behaviors and unhappiness or depression = internalizing behaviors). Social maladjustment (SMA) is defined as “antisocial acts taking place out of school” and the authors also acknowledge that social maladjustment and emotional disturbance are not mutually exclusive conditions (Epstein, Cullinan, Ryser, & Pearson, 2002).

The SAED–SMA subscale score is derived using 6 of 52 (11.5%) behavior statements. Review of the SAED–SMA subscale suggests that two of the six SMA items (i.e., “Takes part in illegal or antisocial gang activities” and “Exhibits precocious sexual behavior”) could be observed in the school setting and, therefore, do not meet the developers’ own definition. Item-by-item comparison of the SAED–SMA subscale and the CBCL and BASC also revealed close correspondence of item content, suggesting considerable overlap of externalizing and internalizing constructs (see Table 1).

The inclusion of a SMA subscale and potential interpretations assigned to the SAED raise concerns in that it may be inappropriately utilized to disqualify students from services if emphasis is placed on a single subscale over other subscale scores. It is clear that the developers of this checklist did not intend the SMA subscale to function as an exclusionary indicator, as evidenced by a related study of comorbidity factors using the SAED scale (Cullinan & Epstein, 2001). In this study, students with comorbid conditions were significantly more likely than those without comorbid conditions (54.4% vs. 16.5%) to show the socially maladjusted characteristic illustrating again that characteristics deemed socially maladjusted and emotional disturbances can coexist in the same individual (Cullinan & Epstein, 2001). Unfortunately, ambiguity in the federal definition and inconsistent interpretation of the SMA clause can lead to inappropriate use of the SAED–SMA subscale to deny services regardless of scores on the other five subscales.

Nonpsychometric Approaches

Nonpsychometric approaches to the differentiation of social maladjustment from serious emotional disturbance are also common. Several states, local school districts, and individuals have developed guidelines or checklists to guide school psychologists through a decision-making process that addresses the social maladjustment exclusionary language and presumably, prevents...
Clarizio (1987) provided a basis for several of these protocols when he developed a 20-item scale which “could form the basis for a rating scale designed to distinguish between serious emotionally disturbed and socially maladjusted students” (p. 242), using clinical experience, descriptive literature, and school case files. Feedback from a small group of eight school psychologists regarding the discriminative merits of the 20 items indicate at least 75% of the psychologists (six individuals) felt that 11 of the 20 items accurately differentiated between serious emotionally disturbed and conduct disordered children. Skiba and Grizzle (1991) best describe this scale as “an interesting pilot study describing a few psychologists view of the differences between emotional disturbance and social maladjustment” (p. 588). The restricted sampling and limited results reported by Clarizio suggest this scale is both inappropriate for diagnostic or qualification purposes and fails to meet the validation criteria specified by the IDEA legislation.

Dumont and Willis (2000) created a protocol containing various indicators to guide psychologists in determining whether a child qualifies for a SED classification. The protocol initially prompts for a DSM-IV impression from the evaluator, followed by the statement: “a condition of emotional disturbance is not likely to be present if there is exclusive evidence of the following behaviors: (a) disruptive, (b) anti-social, (c) anti-authoritative, (d) socially inappropriate, (e) at variance with acceptable standards of behavior. As in the case of the SAED scale, inappropriate weight given to this exclusionary language may result in denial of services to a student who otherwise meets the criteria of the IDEA definition. Additionally, comorbidity data cited earlier suggests that exclusive evidence may indeed be difficult to obtain. In the authors’ judgment, reliance on any protocol which fails to provide the most basic information relating to reliability or validity standards expected in professional practice and required in the IDEA legislation also raises significant ethical concerns. Furthermore, use of worksheets similar to that found on the Dumont and Willis website (2000) fail to address the focus of the evaluation for IDEA services and protections for students clearly proscribed by federal legislation and regulation.

Summary

School psychologists and IEP teams must be aware of the range of complex issues and appropriate and inappropriate assessment strategies associated with the evaluation of students with emotional and behavioral disorders. The lack of consensus on a formal definition of social maladjustment has produced a range of responses from educators, school psychologists, school district personnel, and state policy makers. These range from equating SMA with conduct disorders (Cheney & Sampson, 1990, Slenkovich, 1992a) to the development of manual guidelines and checklists with questionable validity and reliability for the stated purpose of distinguishing social maladjustment from emotional disturbance (Weinberg & Weinberg, 1990). These responses fail to consider the significance of the complex nature of emotional and behavioral disorders and the impact of our failure to reliably identify all students who are entitled to special education services and protections. School psychologists should begin by completing a comprehensive evaluation that addresses the marked degree and adverse impact of the student’s condition on his or her educational performance over a long period of time, rather than seeking ways to identify behaviors to exclude a student from services. School psychologists need to move away from current practices that often cast the profession in an exclusionary or “gatekeeper” role to a more proactive “facilitator” of educational services. By continuing to endorse or use practices that put students at immediate or later risk for educational failure, school psychologists may simply be accommodating a process that shifts problems and delays critical services to students, who would otherwise fall under the special education “umbrella.” A first step in reversing these trends is to promote an awareness of the complex nature of emotional and behavior disorders and to facilitate appropriate
“best practice” assessment strategies that encompass a comprehensive review of all factors associated with a child’s social and emotional functioning.

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